Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service). Boomerang Wireless LLC ETC Name
Boomerang Wireless LLC
ETC Name
Holding Company Name
(If same as ETC name, list "N/A" Do not leave blank)
Yes No O
C, using page 4 and additional sheets if necessary. Affiliation shall be ns Act. That Section defines "affiliate" as "a person that (directly or indirectly) ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's Name
1

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-envolved by month. subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
anuary	52
ebruary	27
March	37
April	27
May	30
June	28
July	35
August	23
September	37
October	5
November	4
December	10
Total Subscribers	317

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial KAL

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial KAL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

Subscribers eligible for recertification by anniversary month

Subscribers de-enrolled prior to recertification attempts

Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	1	4	2510	43	3	5	2566
B.	0	0	0	0	0	0	1	Ø	1250	27	1	3	1282
C.	0	0	0	0	0	0	Ø	4	1260	16	2	2	1284

Recertification Methods

State of federal database

Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

С	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

ort the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	n	0	0	0	0	0	Ø	2	1250	160	2	2	1272

G. Subscribers who failed to recertify through ETC direct outreach attempt

ort the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	1	2	541	160	2	0	560

H. Subscribers who recertified through ETC direct outreach attempt

Total	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	subscribers th	Feb	Jan	port
21	2	08	N	200	-	10.00				3000000	100	Jan	
	d	0	Ø	709	0	0	di	Ø.	76	OK	4		Н.

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification. Year Dec Sep Aug Jun May Total Apr Mar 0 0 0 0 0 0 0 0 I. 0 0 0 0 0

J.	Name of third party administrator used to verify subscriber eligibility
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K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

port	he number Jan	of subscrib	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
	0,,,,							_		0	0	0	0
ζ.	0	0	0	0	0	0	0	0	U	U	0	10	

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

ort	the number				May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
	Jan	Feb	Mar	Apr	Way						+	_	Total
+	- 1	_		0	0	0	0	0	0	0	0	0	0

Certification:

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting

to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make t certification for the SAC(s) listed above.
Initial KAL
Recertification Method: Third Party I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s)

Initial _____

No Subscribers

listed above.

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

M = (G+K)	N = (D+F+I)	O = M/N*100 Percent of subscribers due for recertification who were de-enrolled	
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying		
5102	1272	44.18%	

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study
procedures. I am an officer of the company named doors, I am advantage
Area Code (SAC) listed above.

Signed,

Signature of Officer

klehrman@readywireless.com

Email Address of Officer

Oliver J. Moeller

Person Completing This Certification Form

Kimberley Lehrman, President

Printed Name and Title of Officer

12/24/2018

Date

3197434641

Contact Phone Number

Affiliated ETCs

CAC	Name
SAC	